

PETITION FOR EXTENSION OF TIME UNDER	Docket Number 856063.743								
FY 2005									
(Fees pursuant to the Consolidated Appropriations Application Number 10/623,474	ACT, 2005 (H.K.	4818).)	Filed J	uly 18, 2003					
For AUTOMATIC DECODING METHOD FOR MAPE	PING AND SE	LECTING A		<sup>*</sup>					
DEVICE HAVING A LPC SERIAL COMMUNICATION AREA ON MOTHERBOARDS									
Art Unit 2186	Examiner Tuan V. Thai								
This is a request under the provisions of 37 CFR	1.136(a) to ext	end the peri	od for filir	ng a					
reply in the above identified application.									
The requested extension and fee are as follows (of fee below):	check time per	iod desired a	and enter	the appropriate					
	Fee Small Entity Fee								
One month (37 CFR 1.17(a)(1))	\$120	\$6	<del>3</del> 0	\$ <u>120</u>					
Two months (37 CFR 1.17(a)(2))	\$450	\$2	25	\$					
Three months (37 CFR 1.17(a)(3))	\$1020	\$5	510	\$					
Four months (37 CFR 1.17(a)(4))	\$1590	\$7	95	\$					
Five months (37 CFR 1.17(a)(5))	\$2160	\$10	080	\$					
Applicant claims small entity status. See 37 C	FR 1.27.								
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to cl	harge fees in t	his							
application to a Deposit Account.  ☐ The Director is hereby authorized to charge an	v fees which r	nav be requi	ired						
or credit any overpayment, to Deposit Accou	•	-		ed a					
duplicate copy of this sheet.									
WARNING: Information on this form may become included on this form. Provide credit card inform									
I am the ☐ applicant/inventor.									
assignee of record of the entire interes	t. See 37 CFF	R 3.71							
Statement under 37 CFR 3.73(b) is			6).						
🛽 attorney or agent of record. Registration	on No. <u>31,153</u>								
attorney or agent under 37 CFR 1.34.									
Registration number if acting under 37	' CFR 1.34	·							
Hed Handyon	Novembe	er 30, 2006							
Signature			Date						
David V. Carlson	06-622-4900								
Typed or printed name		•	none Num						
NOTE: Signatures of all the inventors or assignees of reco	rd of the entire in	nterest or their	r represent	tative(s) are required.					

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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- 14	Factorisuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			Application N	Application Number 10/623,474					
I		TRANSMITTAL			Filing Date	Filing Date		July 18, 2003		
o Jos	o 2006 For FY 2006			First Named	First Named Inventor		Paolino Schillaci			
POIPY ZUUG				Examiner Na	Examiner Name		Tuan V. Thai			
L Lea	plicant claims s	small entity sta	atus. See 37	CFR 1.27	Art Unit		2186			
101	AL AMOUNT O	F PAYMENT	(\$)120		Attorney Doo	cket No.	856063.743			
MET	THOD OF PAYM	IENT (check a	II that apply)							
X C	heck Cred	dit Card	Money Orde	er Oth	er (please identify	/):				
N D	eposit Account	Deposit A	Account Numb	oer: <u>19-1090</u>	Deposit Accor	unt Name:	Seed IP Law (	Group PLLC		
_	For the above-io	dentified depo	sit account, th	ne Director is	s hereby authorize	ed to: (chec	ck all that app	ly)		
	Charge fee	e(s) indicated l	pelow			•		ot for the filing t		
İ	Charge an	y additional fe	e(s) or under	payments		underpaym	ents or credit	any overpayme	nts	
	of fee(s) u	nder 37 CFR	1.16 and 1.17				<b>5</b> 1.4		_	
autho	rization on PTO-203	8.			tion should not be inclu			card information and		
					ing or may be su	ibject to a	surcharge.)			
1. E	BASIC FILING, S	SEARCH, ANI	) EXAMINAT	ION FEES			INIATION			
		FILING	FEES	SEA	RCH FEES		INATION EES			
						Small			İ	
			Small Enti	<u>ty</u>	Small Entity		Entity			
App	lication Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fees Paid	<u>(\$)</u>	
Utilit	ty	300	150	500	250	200	100			
Des	ign	200	100	100	50	130	65			
Prov	/isional	200	100	0	0	0	0			
2. E	XCESS CLAIM	FEES		•				Small	Entity	
	Description						<u>F</u>	ee (\$) Fee		
Each	n claim over 20 (i	ncluding Reiss	ues)					50	25	
Eacl	n independent cla	im over 3 (incl	uding Reissue	es)				200 10	00	
	iple dependent cl							360 18	В0	
	al Claims	Extra Cl	aims	Fee (\$)	Fee Paid	(\$)	Multiple	Multiple Dependent Claims		
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-	= = highest numbe	_	ns paid for, if	greater than	20.				_	
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	5 -3 or HP	· · · · · · · · · · · · · · · · · · ·	X		=	<del>_</del>				
•	= highest numbe	-		id for, if area	ater than 3.					
	APPLICATION S	•	<b></b>	· , · · <del>g</del> ·						
If the	e specification a	nd drawings e	xceed 100 sh	neets of pape	er (excluding elect	tronically file	ed sequence	or computer listi	ngs	
und	er 37 CFR 1.52(	e)) the applica	tion size fee	due is \$250	(\$125 for small er	ntity) for ea	ch additional (	50 sheets or frac	tion	
	eof. See 35 U.S							(4)	: J (A)	
<u>T</u>	otal Sheets	Extra She			h additional 50 o			<u>e (\$)                                   </u>	<u>id (\$)</u>	
	-100 =		/50 = _	(round	d <b>up</b> to a whole nu	ımber)	х			
	OTHER FEE(S)							Fees Pa	31 <b>0</b> (\$)	
	-English Specific		•	=				<del></del>	_	
Oth	er (e.g., late filing	g surcharge):	Petition for	Extension of	of Time (1 month)			<u>12</u>	<u>D</u>	
									_	
SUE	BMITTED BY	$\wedge$ 7	1/				· · · · · · · · · · · · · · · · · · ·			
Sigr	nature	W. V	dail		Registration No. Attorney/Agent)	35,153	Telephone	206-622-4900		
	ne (Print/Type)	David V Ca			Auomey/Agent)		Date	November 30,	2006	
INSTI		Daviu V. Cd	113011				1	,		